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PART B - FEE(S) TRANSMITTAL

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1. CURRENT CORRESPONDENCE ADDRESS (Name: Legally name as on any certificate or use back of)

27383 7590 02/12/2003

CLIFFORD CHANCE US LLP
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| | |
|--------------------------|--------------------|
| Melissa Scanzillo | (Depositor's name) |
| <i>Melissa Scanzillo</i> | (Signature) |
| May 12, 2003 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/394,824 | 09/13/1999 | RICK CHIN | SOM-01601 | 4941 |

TITLE OF INVENTION: ELECTRONIC DRAWING VIEWER

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1300 | \$0 | \$1300 | 05/12/2003 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|-------------|----------|----------------|
| VO, CLIFF N | 2671 | 345-427000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no names will be printed.

1. James V. Mahon
2. Clifford Chance US LLP
3. _____

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(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

SolidWorks Corporation

Concord, MA

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government

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James V. Mahon,

(Authorized Signature) **Reg. No. 41,966** (Date) **5-12-03**

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